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APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING C B. WING NVS3066XASC 09/17/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7135 W SAHARA AVE STE 101 **RED ROCK SURGERY CENTER** LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) A 00 INITIAL COMMENTS A 00 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/17/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. Complaint #NV00022924 was substantiated with deficiencies cited. (See Tags A082, A083, A153, and A167) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure RECEIVED on-going compliance with regulatory requirements. OCT 1 9 2009 The findings and conclusions of any investigation BUREAU OF LICENSURE AND CERTIF CATION by the Health Division shall not be construed as LAS YEGAS, NEVADA prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. A 82 state or local laws. The facility current has a contract on A 82 NAC 449.9815 Maintenance A 82 place with Silver Reef Bio-Medical 09/17/09 SS=E Services, signed on September 10, The administrator shall ensure that the person in charge of maintenance at the center: 2009, for the inspection, repair and

f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

ABORATORY DIRECTOR'S OR PROVIDER/SUF REPRESENTATIVE'S SIGNATURE

2. Has written service contracts with vendors that

require the inspection and repair of equipment as

This Regulation is not met as evidenced by:

Based on observation, interview and document

review the facility administrator failed to ensure the facility maintained a written contract with a

Administrator

maintenance of all medical

equipment in the facility including the

steam autoclave and flash sterilizer.

contract is maintained at all times.

The administrator will insure a

(X6) DATE

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needed.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
	IDENTIFICATION NOWIBER.	A. BUILDING	COMPLETED
		B. WING	l c
	NVS3066XASC	D. WING	09/17/2009
			1 0011112003

NAME OF PROVIDER OR SUPPLIER

RED ROCK SURGERY CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7135 W SAHARA AVE STE 101 LAS VEGAS, NV 89117

LAS VEGAS, NV 89117							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
A 82	Continued From page 1	A 82					
	vendor for the inspection, repair and preventive maintenance of the facilities steam autoclave and flash sterilizer.						
	Severity: 2 Scope: 2						
A 83 SS≃E	NAC 449.9815 Maintenance	A 83	A 83	09/21/09			
	The administrator shall ensure that the person in charge of maintenance at the center: 3. Maintains written records of the inspections of the equipment used at the center. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility administrator failed to ensure written records for the inspection, repair and maintenance of the facilities steam autoclave and flash sterilizer were maintained at the facility. Severity: 2 Scope: 1		The facility has a Medical Equipment Binder and will maintain a separate section for each sterilizer. All records for repairs done on these sterilizers will be kept in their individual sections. The binder will be maintained and kept in the administrator's office.				
A153 SS≃E	NAC 449.9895 Sterilization	A153	A153				
	3. Instructions for operating any autoclave or sterilizer must be posted near the equipment, and this equipment must be maintained in a safe operating condition. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure the facilities steam autoclave was consistently maintained in a safe operating condition. Severity: 2 Scope: 2		Although the facility did have a manual for the steam autoclave in the cabinet in the sterile processing room, it has now been moved to the pocket inside the autoclave door. The facility staff will be educated to the manual's location.	10/21/09			
A167 SS=E	NAC 449.9905 Pharmacist Required	A167					
ficionaina	5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, are cited, an approved plan of correction must be returned with		BECEIVED				

ficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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PRINTED: 10/05/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS3066XASC 09/17/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7135 W SAHARA AVE STE 101 RED ROCK SURGERY CENTER LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A167 Continued From page 2 A 167 A167 contaminated or deteriorated drugs must be 09/17/09 The facility will assign a destroyed. This Regulation is not met as evidenced by: specific RN to check for Based on observation, interview and policy and outdated medications. RRSC procedure review the facility failed to ensure also has a contracted opened multidose eye medication was not kept in stock after the 28 day expiration date. pharmacist who comes in monthly and checks for Severity: 2 Scope: 2 outdated drugs. The facility A9999 Final Comments has created a spreadsheet A9999 with all drugs used in the Chapter 449 NAC, Section 17 # 3 facility along with their

Section 17. All surgical instruments, items or equipment used in the care of patients at an ambulatory surgical center must be sterilized or disinfected according to the program for the prevention and control of infections and communicable diseases adopted by the ambulatory surgical center pursuant to section 14 of this regulation.

3. The manufacturer's instructions for operating any sterilizer or performing any disinfection procedure must be located or posted near the equipment used for sterilization or disinfection.

Based on observation and interview the facility failed to ensure the manufacturer's recommendations for the use of high level disinfection agent Klenzyme enzymatic cleanser was posted in the area used for disinfection.

Severity: 2 Scope: 1

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expiration date, which is kept updated by the assigned RN. The staff will beinserviced again about checking for

A 9999

CX8V11

outdates.

The recommendations for the use of the high level disinfection agent Klenzyme enzymatic cleanser has been posted in the area used for disinfection.

10/21/09

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

If continuation sheet 3 of 3